

4758

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

1. County of Yuma
 District of _____
 Town of _____
 or _____
 City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 115
 Co. Registrar No. 430
 Local Registrar No. _____

No. 311 - Live oak St. _____ Ward) _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child José Luis Puente If child is not yet named, make supplemental report, as directed

3. Sex of child ♂ To be answered ONLY in event of plural births. 4. Twin, triplet or other. First 5. No., in order of birth 1st 6. Legitimate? Yes 7. Date of birth 9-11-22 (Month, day, year)

8. Full name FATHER José Puente

14. Full maiden name MOTHER Bonifacia Montoya

9. Residence (Usual place of abode) Miami
 If nonresident, give place and State

15. Residence (Usual place of abode) Miami
 If nonresident, give place and State

10. Color or race met 11. Age at last birthday 28 (Years)

16. Color or race met 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

18. Birthplace (city or place) Ariz
 (State or country)

13. Occupation Miner
 Nature of Industry

19. Occupation H. W.
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living one (b) Born alive but now dead one (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature E. J. Valenzuela
 Address Miami - Ariz

Given name added from supplemental report _____
 (Month, day, year)

Filed Sept 13, 1922 B. W. Hardy
 Filed Oct 6, 1922 B. S. S. S.

773-911-241
 Registrar.

County Registrar.